Foreign Visitor Information Sheet
(Please TYPE OR PRINT)

First Name: _____

Middle Name or Initial or NMI (No Middle Initial): _____

Last (or Family) Name: _____

Gender: Male _____   Female: _____

U.S. Social Security Number (if applicable): _____

Are you a Permanent Resident Alien (Greencard Holder): No ____   Yes ____

    If Yes, Number: _____; Expiration Date: _____

Date Issued (mm/dd/yyyy): _____

Expiration Date (mm/dd/yyyy): _____

Country of Citizenship: _____

Date of Birth: Month_____ Day_____ Year _____

Country of Birth: _____ City of Birth: _____

Permanent Home Address:

_____

Place & Date of Entry into U.S.: _____

Current U.S. Address (if applicable):

_____

NASA Installation to be visited: _____

NASA Point of Contact: _____

Planned dates of visit (inclusive): _____

Affiliation or Employer:

        Institution or Company Name: _____

        Street Address: _____

        City: _____

        State/Country: _____

        Zip Code: _____

        Title or Position and Duties:

        _____

        Phone Number: _____

        Fax Number: _____

        E-mail Address: _____

U.S. Visa Information:

        U.S. Visa Type (e.g.; B-1/B-2, H-1B, J-1, F-1, etc): _____

        Visa Expiration Date (mm/dd/yyyy): _____

        If J-1, name of U.S. Program Sponsor (attach IAP-66): _____

Passport Information:

        Country of Issue: _____

        Passport Number: _____

        Passport Expiration Date (mm/dd/yyyy): _____